

State WASHINGTON

The following enrollment fee, premium or similar charge is imposed on the medically needy:

Gross Family Income (per mo.)	Charge Family Size			Liability Period	Frequency of Charges
	1 or 2	3 or 4	5 or more		
(1)	(2)	(3)	(4)	(5)	(6)
\$150 or less					
151 - 200					
201 - 250					
251 - 300			N/A		
301 - 350					
351 - 400					
401 - 450					
451 - 500					
501 - 550					
551 - 600					
601 - 650					
651 - 700					
701 - 750					
751 - 800					
801 - 850					
851 - 900					
901 - 950					
951 - 1000					
More than \$1000					

TN No. 94-11
Supersedes
TN No. ----

Approval Date

6/30/94

Effective Date 4/1/94

State WASHINGTON

Effect on recipient of non-payment of enrollment fee, premium or similar charge:

- ☐ Non-payment does not affect eligibility
☐ Effect is as described below:

N/A

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